



Incident Report

Contributing Factors (What caused it) – why do you think this happened? Any additional comments?

Actions Taken (What was done) – what actions were taken to respond to the incident and/or prevent it from recurring?

Signatures – please sign and date the report

Person Involved _____ Date _____
Reporter (if different) _____ Date _____
Supervisor _____ Date _____

Incident Category (to be completed by Safety Resources)

- First Aid Medical Aid Near Miss Property Damage Equipment Damage
 Motor Vehicle Environment Other

Incident Classification

- Low Risk Medium Risk High Risk Dangerous Occurrence

Comments

